Personal Testimony in opposition to Raised Bill HB 5326
submitted by

John Juhasz
3 Pond Road
Wilton 06897
203-762-3661

Dear Senator Gerratana, Representative Johnson and Members of the Public Health Committee,

I am deeply grateful for the Committee's tireless and diligent efforts over the past few years in reviewing the facts and positions related to this fundamental end of life topic that ultimately affects all of us. I have followed this debate since last year's public hearing, which is the first that I ever attended. After hearing the 18 hours of testimony, I have a new appreciation for the awesome responsibility of this committee and the dedication of its members. At the end of the day however, I have to conclude that this is not a question that can be resolved through legislation. In fact, I am somewhat surprised that this bill has been raised again. I have read the text of the raised bill and noted with interest the modifications from the last proposal. Alas, this is not a problem that can be solved by changes to the language. I hope that my humble and sincere testimony will help this committee to desist from pursuing this course which is doomed to fail despite the best intentions and efforts of all involved. I present my testimony as a private citizen who is opposed to the passage of physician-assisted suicide legislation in my home state for personal, practical and political reasons. I am not politically active but, I feel compelled to respond to matters of life and death. My personal journey includes losing both my parents and a sibling before they were 50 to melanoma, breast cancer and hemorrhagic stroke. These experiences include heart wrenching decisions relating to artificial life support, brain death, organ donation, and pain management vs. hastening death. My professional experience includes over 20 years as a medical technology and healthcare executive. I do not claim any unique knowledge from this background nor do I represent any special interest group. Rather, it explains what informs and moves my decision to speak out publicly. I will attempt to assist your decision by addressing what I believe to be the sincere and beneficial intent of this legislation and how it would create perverse, unintended consequences.

Intent: PAS is a necessary option to relieve intractable pain and eliminate undue suffering.

No, in fact, physical pain is not the issue here. Current medical practice, especially within a palliative care regime, is very effective at managing pain. Intolerable pain or, even the prospect of experiencing it is not a requirement to qualify for PAS. Instead, PAS becomes another lifestyle choice. Based on the latest Oregon OPHD report, the top 3 reasons for persons to choose PAS are: 1) loss of autonomy; 2) diminished ability to participate in activities that make life enjoyable; and, 3) loss of dignity.

https://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year16.pdf

Does the State have an obligation to enable suicide as an alternative to these personal lifestyle concerns? Is this a public health policy issue?

Perverse consequence: PAS increases suffering through abandonment of all care.

Yes. To be clear, the proposed legislation (like laws in Oregon, WA, and VT) by definition does not allow a physician to administer the lethal dose nor does it require a physician or other healthcare professional to attend the administration of a lethal dose. The patient may request it but, only 11% of patients qualifying for the DWDA in Oregon actually had a physician present when the lethal dose was administered. This is contrary to all fundamental tenets of medical practice. By comparison, lethal doses administered for capital punishment require administration and supervision of an MD. This is precisely to avoid undue suffering by possible errors in dosage or side effects such as vomiting, etc. This lack of medical supervision under PAS can, and does, lead to failed suicide attempts with the resultant physical and emotional trauma and suffering. Palliative care, in contrast, provides regular and continual medical supervision for the patient as well as support for family care givers..

Intent: The legislation contains adequate provisions to protect abuse of the vulnerable (e.g., elderly and disabled), in practice.

No. I contend that no PAS legislation can achieve this protection adequately, in practice. We have the example of Oregon which has been practicing under essentially identical legislation to the proposed HB 5326 since 1997. This law's effectiveness at protecting the vulnerable was recently reviewed from a medical perspective in an article in the Michigan Law Review. The authors provide compelling evidence that such legislation is doomed to failure in actual implementation. In particular, this demonstrates how woefully inadequate the PAS approach is at addressing the psychological, emotional, and existential suffering of those faced with terminal illness. I encourage you to read and consider this evidence before you proceed with any PAS legislation.
http://www.michiganlawreview.org/assets/pdfs/106/8/hendinfoley.pdf

Perverse consequence: "Abandon all hope, you who enter here" (Canto III, line 9; Dante's Inferno). The suicide rate in Oregon has increased to 41% above the national average since the DWDA. The effect is especially marked in youth (15-24) where Oregon reports suicide as the second cause of death. While causality cannot be definitively demonstrated, do you, as public health policy makers, want to bear the responsibility for even the remote possibility of enabling a suicide culture?

Intent: the State has an obligation to provide freedom of choice to its citizens for end of life decisions.

Not so. For the record, the Supreme Court of the United States as well as the CT Superior Court both ruled that PAS is not a right guaranteed under our constitution. Consequently, the government has no obligation to legislate in support of such a right.

http://articles.courant.com/2010-06-08/news/hc-right-to-die-0608-20100607_1_terminally-ill-doctors-lawsuit-doctors-case
"The history of the law's treatment of assisted suicide in this country has been and continues to be one of the rejection of nearly all efforts to permit it. That being the case, our decisions lead us to conclude that the asserted "right" to assistance in committing suicide is not a fundamental liberty interest protected by the Due Process Clause." ***Washington v. Glucksberg***, 521 U.S. 702 (1997)

Perverse consequence: PAS inflames a distrust of government's involvement in healthcare by enabling death on demand.

PAS legislation sends the message that our public health policy makers are encouraging choices that devalue life with the intention of saving scarce health care resources. Comparisons with trends in the UK and Netherlands toward PAS and euthanasia are unavoidable and fuel fears of a "slippery slope". As you well know, we are at a critical moment in the much-needed transformation of our health care system. Policy makers cannot afford to lose the trust and support of their constituents by enabling a pseudo-healthcare choice such as PAS. We need to be presenting true healthcare reforms which do not resort to self-inflicted death as an acceptable alternative. We can, and must, do better. We have programs that create a community of care where no one dies alone, unloved, without hope. Hospice and palliative care programs are proven examples which draw on what is best in the human spirit to answer a fundamental human need. There is no need to abandon all hope.

On the other hand, we need to abandon the misguided path that leads us to PAS. I ask you to kill this bill for the good of all CT's constituents.

Thank you for your considerate attention.